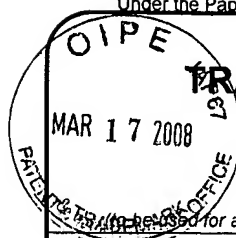


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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                           |
|------------------------|---------------------------|
| Application Number     | 10/685,336                |
| Filing Date            | October 14, 2003          |
| First Named Inventor   | Robert D. Keefover et al. |
| Art Unit               | 2862                      |
| Examiner Name          | Reena Aurora              |
| Attorney Docket Number | DKT03016 (BWI-00087)      |

## ENCLOSURES (Check all that apply)

- |  |  |   |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Check for \$120.00;<br>Return Receipt Postcard |
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### Remarks

Should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn Partners, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                     |          |       |
|--------------|---------------------|----------|-------|
| Firm Name    | Warn Partners, P.C. |          |       |
| Signature    |                     |          |       |
| Printed name | Philip R. Warn      |          |       |
| Date         | March 13, 2008      | Reg. No. | 32775 |

## CERTIFICATE OF TRANSMISSION/MAILING

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